

Attention
Montana Department of Revenue Cashier
Withholding Payment Form

Complete the coupon below to ensure proper credit of your payment. If you are paying taxes for multiple years or periods, submit a separate check or money order and a separate coupon for **each** tax year or period.

Boxes 1 through 3 - Print an "X" in one box only for payment frequency.

Box 1, if your payment frequency is accelerated

Box 2, if your payment frequency is monthly

Box 3, if your payment frequency is annual

Box 4, is the period your payment is for

Box 5, federal employer identification number

Box 6, amount paid

Business Name _____

Address _____

Contact Name _____

Phone _____

Mail this entire form with your check and return to:

Department of Revenue

PO Box 5805

Helena, MT 59604-5805

Questions? Call (406) 444-6900

Make checks payable to the Department of Revenue

Form MW-1

Withholding Payment Form

Payment Frequency

☐ 1. Accelerated

☐ 2. Monthly

☐ 3. Annual

4. Period End Date

**5. Federal Employer
Identification
Number (FEIN)**

6. Amount Paid

month	day	year
/		/

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